## Case 17-80913 Doc 1 Filed 04/18/17 Entered 04/18/17 09:51:22 Desc Main Document Page 1 of 54

Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
NORTHERN DISTRICT OF ILLINOIS		
Case number (if known)	Chapter you are filing under:	
	■ Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	☐ Check if this an amended filing

## Official Form 101

## **Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1: Identify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
	Write the name that is on your government-issued picture identification (for example, your driver's license or passport).  Bring your picture identification to your meeting with the trustee.	Troy First name  N. Middle name  Wells Last name and Suffix (Sr., Jr., II, III)	Kristen First name  M. Middle name  Wells Last name and Suffix (Sr., Jr., II, III)
2.	All other names you have used in the last 8 years		
	Include your married or maiden names.		
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-4947	xxx-xx-0553

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Debtor 1 Troy N. Wells
Debtor 2 Kristen M. Wells

Case number (if known)

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):		
4.	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years	■ I have not used any business name or EINs.	■ I have not used any business name or EINs.		
	Include trade names and doing business as names	Business name(s)	Business name(s)		
		EINs	EINs		
5.	Where you live	10863 Keokuk Trail	If Debtor 2 lives at a different address:		
		Roscoe, IL 61073  Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code		
		Winnebago			
		County	County		
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.		
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code		
6.	Why you are choosing this district to file for bankruptcy	Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  I have another reason. Explain. (See 28 U.S.C. § 1408.)	Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  I have another reason. Explain. (See 28 U.S.C. § 1408.)		

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Deb	otor 2 Kristen M. Wells					Case number (if known)	
Par	Tell the Court About	Your Bankr	uptcy Ca	ase			
7.	The chapter of the Bankruptcy Code you are choosing to file under	Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.					
	choosing to the under	Chapte	er 7				
		☐ Chapte	er 11				
		☐ Chapte	er 12				
		☐ Chapte	er 13				
8.	How you will pay the fee	abor orde a pr	ut how your. If your e-printed	ou may pay. Typically, if attorney is submitting y address.	you are paying the fee your payment on your bel	ck with the clerk's office in your local court for more do yourself, you may pay with cash, cashier's check, or maken the court for more do your attorney may pay with a credit card or check	oney with
				<b>y the fee in installmen</b> ee <i>in Installments</i> (Offici		ion, sign and attach the Application for Individuals to I	Jay
		☐ I red but i appl	quest that s not req ies to yo	at my fee be waived (Y uired to, waive your fee ur family size and you a	ou may request this option, and may do so only if your unable to pay the fee	on only if you are filing for Chapter 7. By law, a judge rour income is less than 150% of the official poverty lir in installments). If you choose this option, you must filicial Form 103B) and file it with your petition.	ne that
9.	Have you filed for bankruptcy within the last 8 years?	■ No.					
	last o years?	⊔ Yes.	District		When	Case number	
			District		When	Cana aurahan	
			District		When	Case number	
10.	Are any bankruptcy	■ No					
	cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	☐ Yes.					
			Debtor			Relationship to you	
			District		When	Case number, if known	
			Debtor			Relationship to you	
			District		When	Case number, if known	
11.	Do you rent your residence?	□ No.	Go to I	ine 12.			,
	iodidelioe:	Yes.	Has yo	our landlord obtained ar	eviction judgment again	st you and do you want to stay in your residence?	
				No. Go to line 12.			
				Yes. Fill out <i>Initial State</i> bankruptcy petition.	ement About an Eviction	Judgment Against You (Form 101A) and file it with th	is

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	otor 1 Troy N. Wells otor 2 Kristen M. Wells	s	Docum	Case number (if known)				
Par	t 3: Report About Any	Businesses	You Own as a Sole Proprie	etor				
12.	Are you a sole proprieto of any full- or part-time business?	or ■ No.	Go to Part 4.					
		☐ Yes.	Name and location of bu	siness				
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.		Name of business, if any					
	If you have more than on sole proprietorship, use a separate sheet and attac	ı	Number, Street, City, Sta					
	it to this petition.			ox to describe your business:				
				iness (as defined in 11 U.S.C. § 101(27A))				
			_	al Estate (as defined in 11 U.S.C. § 101(51B))				
				defined in 11 U.S.C. § 101(53A))				
			· · · · · · · · · · · · · · · · · · ·	er (as defined in 11 U.S.C. § 101(6))				
			☐ None of the abov	ve				
13.	Are you filing under Chapter 11 of the Bankruptcy Code and a you a small business debtor?	deadline re operation	are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate less. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of ons, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure .S.C. 1116(1)(B).					
	For a definition of small	■ No.	I am not filing under Cha	pter 11.				
	business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am filing under Chapter Code.	11, but I am NOT a small business debtor according to the definition in the Bankruptcy				
		☐ Yes.	I am filing under Chapter	11 and I am a small business debtor according to the definition in the Bankruptcy Code.				
Par	t 4: Report if You Own	or Have Any	/ Hazardous Property or Ar	ny Property That Needs Immediate Attention				
14.	Do you own or have any property that poses or i alleged to pose a threat of imminent and	s — 110.	What is the hazard?					
	identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?	•	If immediate attention is needed, why is it needed?					
	For example, do you owr perishable goods, or livestock that must be fed or a building that needs urgent repairs?		Where is the property?					
	-			Number, Street, City, State & Zip Code				

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Debtor 1	I roy N. Wells	
Debtor 2	Kristen M. Wells	Case number (if known)

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

#### Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

### Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

#### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court. Case 17-80913 Doc 1 Filed 04/18/17 Entered 04/18/17 09:51:22 Desc Main Document Page 6 of 54

	tor 2 Kristen M. Wells				Case nu	umber (if known)	
Part	6: Answer These Questi	ons for Re	eporting Purposes				
16.	What kind of debts do you have?	16a.	Are your debts primarily consu individual primarily for a personal,			e defined in 11 U.S.C. § 1	01(8) as "incurred by an
			☐ No. Go to line 16b.				
			Yes. Go to line 17.				
		16b.	Are your debts primarily busine money for a business or investme				
			☐ No. Go to line 16c.				
			☐ Yes. Go to line 17.				
		16c.	State the type of debts you owe the	nat are not consur	ner debts or bus	siness debts	
17.	Are you filing under Chapter 7?	□ No.	I am not filing under Chapter 7. G	o to line 18.			
	Do you estimate that after any exempt property is excluded and	■ Yes.	I am filing under Chapter 7. Do yo are paid that funds will be availab				administrative expenses
	administrative expenses are paid that funds will		■ No				
be available for distribution to unsecured creditors?			☐ Yes				
18.	How many Creditors do	<b>1</b> -49		<b>1</b> ,000-5,000		☐ 25,001-50,0	000
	you estimate that you owe?	☐ 50-99		<b>5001-10,000</b>		<b>5</b> 0,001-100	0,000
		☐ 100-19 ☐ 200-99		□ 10,001-25,00	00	☐ More than1	00,000
19.	How much do you	<b>\$</b> 0 - \$9	50.000	□ \$1,000,001 -	· \$10 million	□ \$500,000,0	
	estimate your assets to be worth?	□ \$50,00	01 - \$100,000	\$10,000,001			0,001 - \$10 billion
			001 - \$500,000 001 - \$1 million	□ \$50,000,001 □ \$100,000,00			00,001 - \$50 billion \$50 billion
20.	How much do you	<b>\$0 - \$</b> 5	50.000	□ \$1,000,001 -	· \$10 million	□ \$500,000,0	001 - \$1 billion
	estimate your liabilities to be?		01 - \$100,000	\$10,000,001			0,001 - \$10 billion
			001 - \$500,000 001 - \$1 million	□ \$50,000,001 □ \$100,000,00		_	00,001 - \$50 billion \$50 billion
Part	7: Sign Below						
For	you	I have ex	amined this petition, and I declare	under penalty of p	erjury that the i	nformation provided is tru	ue and correct.
			chosen to file under Chapter 7, I an ates Code. I understand the relief				
		If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).					
		I request	relief in accordance with the chapt	er of title 11, Unite	ed States Code,	, specified in this petition.	
		bankrupto and 3571					
		/s/ Troy Troy N.	N. Wells		/s/ Kristen M		
			e of Debtor 1		Signature of D		
		Executed	on <b>April 18, 2017</b>		Executed on	April 18, 2017	
			MM / DD / YYYY			MM / DD / YYYY	

		Document	Page 7 of 54	
Debtor 1 Debtor 2	Troy N. Wells Kristen M. Wells		Cas	e number (if known)
	attorney, if you are ted by one	under Chapter 7, 11, 12, or 13 of title 11, Unit	ted States Code, and have e	informed the debtor(s) about eligibility to proceed explained the relief available under each chapter debtor(s) the notice required by 11 U.S.C. § 342(b)
If you are not represented by an attorney, you do not need to file this page.				eledge after an inquiry that the information in the
		/s/ Daniel A. Springer	Date	April 18, 2017
		Signature of Attorney for Debtor		MM / DD / YYYY
		Daniel A. Springer Printed name		
		Springer Law Firm		
		Firm name		
		2222 E State St		
		Suite 107		
		Rockford, IL 61104		
		Number, Street, City, State & ZIP Code		
		Contact phone <b>815.312.4725</b>	Email address	dspringerlaw@gmail.com

6314059 Bar number & State

		DOGUIIIEI	L Faue o ul 54	
Fill in this infor	mation to identify your	case:		
Debtor 1	Troy N. Wells			
	First Name	Middle Name	Last Name	
Debtor 2	Kristen M. Wells			
Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT OF	FILLINOIS	
Case number if known)				

☐ Check if this is an amended filing

## Official Form 106Sum

### **Summary of Your Assets and Liabilities and Certain Statistical Information**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Schedule A/B: Property (Official Form 106A/B)  Ia. Copy line 55, Total real estate, from Schedule A/B	\$Your lia	0.00 8,875.37 8,875.37
Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)	\$Your lia	8,875.37
Summarize Your Liabilities  Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)	Your lia	
Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)		ıbilities
		bilities
		you owe
2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	5,606.00
Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) Ba. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	0.00
Bb. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	33,245.52
Your total liabilities	\$	38,851.52
Summarize Your Income and Expenses		
Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	3,750.04
Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	3,652.00
Answer These Questions for Administrative and Statistical Records		
Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	ur other sch	edules.
■ Yes What kind of debt do you have?		
200	Summarize Your Income and Expenses  Chedule I: Your Income (Official Form 106I) opy your combined monthly income from line 12 of Schedule I	chedule I: Your Income (Official Form 106I) opy your combined monthly income from line 12 of Schedule I

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

		Document	Page 9 of 54	
	Troy N. Wells		9	
Debtor 2	Kristen M. Wells		Case number (if known)	

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

2,793.24

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total c	laim
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. <b>Total.</b> Add lines 9a through 9f.	\$	0.00

		Document	Page 10 of 54		
Fill in this infor	mation to identify your case	and this filing:			
Debtor 1	Troy N. Wells				
	First Name	Middle Name	Last Name		
Debtor 2	Kristen M. Wells				
(Spouse, if filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the: NO	RTHERN DISTRICT OF ILL	INOIS		
Case number					□ Object (file)
Case number _					☐ Check if this is an amended filing
					3
000 1 1 5	4004/5				
Official Fo	orm 106A/B				
<b>Schedul</b>	le A/B: Proper	tv			12/15
think it fits best. E information. If mor Answer every ques		possible. If two married peoparate sheet to this form. On	ple are filing together, both a the top of any additional pag	re equally responsible for	supplying correct
Part I. Describe	Each Residence, Building, Lan	u, or Other Real Estate You C	JWII OF Have all litterest in		
1. Do you own or	have any legal or equitable inte	rest in any residence, buildin	g, land, or similar property?		
■ No. Go to Pa	rt 2				
☐ Yes. Where i					
□ res. Where	is the property:				
Part 2: Describe	Your Vehicles				
□ No ■ Yes	rucks, tractors, sport utility	· · · · · · · · · · · · · · · · · · ·			
	Saturn			Do not deduct secure	d claims or exemptions. Put
-	VUE	Who has an interest in	the property? Check one	the amount of any sec	ured claims on Schedule D:
1410001.	2008	Debtor 1 only		Creditors Who Have C	Claims Secured by Property.
Approxima		□ Debtor 2 only □ Debtor 1 and Debtor 2	2 only	Current value of the entire property?	Current value of the portion you own?
Other infor	·	At least one of the de	=	onimo proporty :	polition you oillin
		Check if this is com		\$3,650.00	\$3,650.00
•	ircraft, motor homes, ATVs ats, trailers, motors, personal				

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

⊔No

Official Form 106A/B Schedule A/B: Property

Entered 04/18/17 09:51:22 Case 17-80913 Doc 1 Filed 04/18/17 Desc Main Document Page 11 of 54 Debtor 1 Troy N. Wells Debtor 2 Kristen M. Wells Case number (if known) Yes. Describe..... \$650.00 Household Furniture 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games ☐ No Yes. Describe..... \$500.00 3 TV's, Computer 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles □ No Yes. Describe..... \$50.00 Books, DVD Collection, Pictures 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments ■ No ☐ Yes. Describe..... 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment □ No Yes. Describe..... \$400.00 2 Firearms 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories □ No Yes. Describe..... \$100.00 Used Clothing 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver □ No Yes. Describe..... \$1,500.00

## 13. Non-farm animals

Examples: Dogs, cats, birds, horses

□ No

Yes. Describe.....

\$0.00 1 Dog

14. Any other personal and household items you did not already list, including any health aids you did not list

1 Engagement Ring, 2 Wedding Bands

■ No

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Official Form 106A/B Schedule A/B: Property page 3

Institution name or individual:

■ No

☐ Yes. .....

Case 17-80913 Doc 1 Filed 04/18/17 Entered 04/18/17 09:51:22 Desc Main Document Page 13 of 54 Debtor 1 Troy N. Wells Kristen M. Wells Debtor 2 Case number (if known) 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) No Issuer name and description. ☐ Yes..... 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). ■ No ☐ Yes..... Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ■ No ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements ☐ Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses ☐ Yes. Give specific information about them... Money or property owed to you? Current value of the portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you ■ No ☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years...... 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ☐ Yes. Give specific information..... 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else ■ No ☐ Yes. Give specific information.. 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance ☐ Yes. Name the insurance company of each policy and list its value. Company name: Beneficiary: Surrender or refund value: 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. No ☐ Yes. Give specific information..

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment

Examples: Accidents, employment disputes, insurance claims, or rights to sue

■ No
□ Yes. Describe each claim.......

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Official Form 106A/B Schedule A/B: Property page 5

63. Total of all property on Schedule A/B. Add line 55 + line 62

\$8,875.37

			111 1 (1)(1, 1) (1, 1)	
Fill in this infor	mation to identify your	case:		
Debtor 1	Troy N. Wells			
	First Name	Middle Name	Last Name	
Debtor 2	Kristen M. Wells			
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS	
Case number				
(ii kilowii)				

## Official Form 106C

## Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
  - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
  - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption
Copy the value from Schedule A/B	Chec	ck only one box for each exemption.	
\$650.00		\$650.00	735 ILCS 5/12-1001(b)
		100% of fair market value, up to any applicable statutory limit	
\$500.00		\$500.00	735 ILCS 5/12-1001(b)
		100% of fair market value, up to any applicable statutory limit	
\$50.00		\$50.00	735 ILCS 5/12-1001(b)
		100% of fair market value, up to any applicable statutory limit	
\$400.00		\$400.00	735 ILCS 5/12-1001(b)
		100% of fair market value, up to any applicable statutory limit	
\$100.00		\$100.00	735 ILCS 5/12-1001(a)
		100% of fair market value, up to any applicable statutory limit	
	\$500.00 \$400.00	\$500.00 \$\$100.00 \$\$100.00	Check only one box for each exemption.  Schedule A/B  \$650.00  \$650.00  \$650.00  \$100% of fair market value, up to any applicable statutory limit  \$500.00  \$500.00  \$100% of fair market value, up to any applicable statutory limit  \$50.00  \$100% of fair market value, up to any applicable statutory limit  \$400.00  \$100% of fair market value, up to any applicable statutory limit  \$400.00  \$100% of fair market value, up to any applicable statutory limit  \$100.00  \$100% of fair market value, up to any applicable statutory limit

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Troy N. Wells

Kristen M. Wells Debtor 2 Case number (if known) Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B 1 Engagement Ring, 2 Wedding 735 ILCS 5/12-1001(b) \$1,500.00 \$1,500.00 **Bands** Line from Schedule A/B: 12.1 100% of fair market value, up to any applicable statutory limit Cash 735 ILCS 5/12-1001(b) \$1,000.00 \$1,000.00 Line from Schedule A/B: 16.1 100% of fair market value, up to any applicable statutory limit **Checking: USAA** 735 ILCS 5/12-1001(b) \$66.98 \$66.98 Line from Schedule A/B: 17.1 100% of fair market value, up to any applicable statutory limit Checking: Blackhawk Bank 735 ILCS 5/12-1001(b) \$958.39 \$958.39 Line from Schedule A/B: 17.2 100% of fair market value, up to any applicable statutory limit Are you claiming a homestead exemption of more than \$160,375? (Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.) Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

Yes

Debtor 1

	Case	e 17-80913	Doc 1 F	iled 04/18/17 Document	Entere Page 1	ed 04/18/17 09:5 7 of 54	51:22 Desc M	lain
Fill	in this informat	tion to identify you	ur case:					
Deb	otor 1	Troy N. Wells						
	-	First Name	Middle 1	Name	Last Name	<del></del> -		
	otor 2 use if, filing)	Kristen M. Wells	S Middle I	Name	Last Name			
	, 3,	uptcy Court for the		N DISTRICT OF ILL				
						_		
(if kn	se number			_			_	if this is an led filing
	icial Form hedule D		s Who Ha	ve Claims :	Secure	d by Property	1	12/15
is ne						qually responsible for sup On the top of any addition		
1. Do	any creditors ha	ve claims secured by	y your property?					
	□ No. Check th	is box and submit t	his form to the	court with your other	schedules. Y	ou have nothing else to	report on this form.	
	Yes. Fill in al	l of the information	below.					
Par	t 1: List All S	ecured Claims						
				cured claim, list the cred			Column B	Column C
				n, list the other creditors ng to the creditor's name		Amount of claim  Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any
2.1	Navy Federa Union	al Credit	Describe the p	roperty that secures t	he claim:	\$5,606.00	\$3,650.00	\$1,956.00
	Creditor's Name		2008 Saturr	n VUE 127,000 mi	les			
	PO Box 370 Merrifield, V	-	As of the date apply.  Contingent	you file, the claim is: (	Check all that			
	Number, Street, Cit	y, State & Zip Code	☐ Unliquidated	d				
Who	o owes the debt	? Check one	☐ Disputed  Nature of lien	<ul> <li>Check all that apply.</li> </ul>				
_	Debtor 1 only			ent you made (such as r	mortagae or se	cured		
_	Debtor 2 only		car loan)	in you made (oden de i	nortgago or oc	00100		
	Debtor 1 and Debto	or 2 only	☐ Statutory lie	n (such as tax lien, med	chanic's lien)			
	At least one of the	debtors and another	☐ Judgment lie	en from a lawsuit	•			
	Check if this clain community debt	n relates to a	Other (included)	ding a right to offset)				
Date	e debt was incurre	ed 6/13/2013	Last 4 d	ligits of account numb	per			

Add the dollar value of your entries in Column A on this page. Write that number here: \$5,606.00

If this is the last page of your form, add the dollar value totals from all pages.

Write that number here: \$5,606.00

### Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

	A30 11 00010 D00	Document Pag	ne 18 of 54	2 Description
Fill in this info	rmation to identify your case			
Debtor 1	Troy N. Wells			
Debter 1	First Name	Middle Name Last Na	ame	
Debtor 2	Kristen M. Wells			
(Spouse if, filing)	First Name	Middle Name Last Na	ame	
United States E	Bankruptcy Court for the: NO	PRTHERN DISTRICT OF ILLINOIS		
Case number (if known)				☐ Check if this is an amended filing
	m 106E/F <b>E/F: Creditors Who</b>	Have Unsecured Clain	ทร	12/15
any executory co Schedule G: Exe Schedule D: Credeft. Attach the Chame and case n	ntracts or unexpired leases that cutory Contracts and Unexpired ditors Who Have Claims Secured	t 1 for creditors with PRIORITY claims could result in a claim. Also list execu- eases (Official Form 106G). Do not inc  by Property. If more space is needed, on  the property of the propert in a least of the propert in a leas	utory contracts on Schedule A/B: Pro clude any creditors with partially sec copy the Part you need, fill it out, nu	operty (Official Form 106A/B) and on cured claims that are listed in umber the entries in the boxes on the
	itors have priority unsecured cla			
No. Go to	• •	ins against you!		
	) Ραπ 2.			
Part 2: List	All of Your MONDDIODITY III	scapured Claims		
	All of Your NONPRIORITY U			
	itors have nonpriority unsecured			
☐ No. You I	nave nothing to report in this part. S	ubmit this form to the court with your othe	er schedules.	
Yes.				
unsecured c	aim, list the creditor separately for e	in the alphabetical order of the credito each claim. For each claim listed, identify other creditors in Part 3.If you have more	what type of claim it is. Do not list clair	ns already included in Part 1. If more
				Total claim
4.1 Beloit	Health System	Last 4 digits of account nun	mber	\$455.00
Attn:	rity Creditor's Name Bankruptcy Dept. West Hart Road	When was the debt incurred	d?	
	, WI 53511 Street City State Zlp Code	As of the date you file the e	olaim io. Chaola all that apply	
	curred the debt? Check one.	As of the date you file, the c	Jam is. Check all that apply	
	for 1 only	O continuent		
	for 2 only	☐ Contingent		
_	•	☐ Unliquidated		
	for 1 and Debtor 2 only	☐ Disputed  Type of NONPRIORITY unse	ecured claim:	
	ast one of the debtors and another	_	soured Claiiii.	
debt	ck if this claim is for a communit	<u> </u>	a separation agreement or divorce that	you did not
■ No	•		-sharing plans, and other similar debts	
□ Yes		■ Other Specify Medica	= '	
00		— Culei. Specify	_	

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	Troy N. Wells Kristen M. Wells	Case number (if know)	
	Capital One Bank USA NA	Last 4 digits of account number	\$1,865.00
I	Nonpriority Creditor's Name Attn: Bankruptcy Dept. PO Box 30281	When was the debt incurred?	
1	Salt Lake City, UT 84130  Number Street City State Zlp Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
ı	Debtor 1 only	☐ Contingent	
[	Debtor 2 only	☐ Unliquidated	
I	Debtor 1 and Debtor 2 only	☐ Disputed	
I	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt s the claim subject to offset?	$\square$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
I	No	$\square$ Debts to pension or profit-sharing plans, and other similar debts	
I	☐Yes	Other. Specify Credit Card Purchases	
	Capital One Bank USA NA	Last 4 digits of account number	\$2,740.00
ı	Attn: Bankruptcy Dept. PO Box 30281 Salt Lake City, UT 84130	When was the debt incurred?	
1	Number Street City, 01 64130  Number Street City State Zlp Code  Nho incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
I	Debtor 1 only	☐ Contingent	
1	Debtor 2 only	☐ Unliquidated	
I	Debtor 1 and Debtor 2 only	☐ Disputed	
I	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
I	☐ Check if this claim is for a community	☐ Student loans	
c	debt s the claim subject to offset?	$\square$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
I	No	$\square$ Debts to pension or profit-sharing plans, and other similar debts	
I	☐Yes	■ Other. Specify Credit Card Purchases	
	Capital One Bank USA NA	Last 4 digits of account number	\$683.00
ı	Attn: Bankruptcy Dept. PO Box 30281	When was the debt incurred?	
	Salt Lake City, UT 84130 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	As of the date you me, the claim is. Check all that apply	
	☐ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
_	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
_	<u>_</u>	☐ Student loans	
C	☐ Check if this claim is for a community debt sthe claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	■ Other. Specify Credit Card Purchases	

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	or 1 Troy N. Wells or 2 Kristen M. Wells	Case number (if know)	
4.5	Central Dupage Hospital	Last 4 digits of account number	\$1,652.00
	Nonpriority Creditor's Name 25 North Winfield Road Winfield, IL 60190	When was the debt incurred?	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	■ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	$\hfill \Box$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Medical Bills	
4.6	Centurylink Nonpriority Creditor's Name	Last 4 digits of account number	\$500.00
	100 Centurylink Drive Monroe, LA 71203	When was the debt incurred?	
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	☐ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	■ Debtor 1 and Debtor 2 only	☐ Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community debt	☐ Student loans	
	Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Debt owed	
4.7	DirecTV	Last 4 digits of account number	\$484.00
	Nonpriority Creditor's Name Attn: Bankruptcy Dept. PO Box 6550	When was the debt incurred?	
	Englewood, CO 80155-6550  Number Street City State Zlp Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	$\square$ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	$\hfill \Box$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Utilities	

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Kristen M. Wells	Case number (if know)	
Fingerhut/Webbank	Last 4 digits of account number	\$520.00
Nonpriority Creditor's Name 6250 Ridgewood Rd Saint Cloud, MN 56303	When was the debt incurred?	
Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt is the claim subject to offset?	Dobligations arising out of a separation agreement or divorce that you did not report as priority claims	
No	lacktriangle Debts to pension or profit-sharing plans, and other similar debts	
Yes	Other. Specify Credit Extension	
- Fingerhut/Webbank	Last 4 digits of account number	\$1,013.00
Ionpriority Creditor's Name 6250 Ridgewood Rd Saint Cloud, MN 56303	When was the debt incurred?	
lumber Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
/ho incurred the debt? Check one.		
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed	
$\operatorname{\square}$ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
Check if this claim is for a community	Student loans	
lebt s the claim subject to offset?	Dobligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
☐ Yes	Other. Specify Credit Extension	
Harley Davidson Credit	Last 4 digits of account number	\$8,443.00
Nonpriority Creditor's Name		<b>,,,,,,,,,</b>
Attn: Bankruptcy Dept. 3850 Arrowhead Dr.	When was the debt incurred?	
Minneapolis, MN 55438	- Accepted to the control of the state of th	
Number Street City State Zlp Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 2 only  Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ At least one of the debtors and another ☐ Check if this claim is for a community	☐ Student loans	
debt s the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
☐ Yes	■ Other. Specify Auto Deficiency	

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	or 1 Troy N. Wells or 2 Kristen M. Wells	Case number (if know)	
4.1 1	Military Star	Last 4 digits of account number	\$1,476.00
	Nonpriority Creditor's Name 3911 Walston Walker Dallas, TX 75266	When was the debt incurred?	
	Number Street City State Zlp Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed  Type of NONPRIORITY unsecured claim:	
	At least one of the debtors and another	Student loans	
	☐ Check if this claim is for a community debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Credit Card Purchases	
4.1 2	Montgomery Ward & Co., Inc.	Last 4 digits of account number	\$284.01
	Nonpriority Creditor's Name Attn: Bankruptcy Dept. 535 W. Chicago Ave	When was the debt incurred?	
	Chicago, IL 60610  Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	The state of the s	
	Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	■ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	$\square$ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	Other. Specify Credit Extension	
4.1	Navy Federal Credit Union  Nonpriority Creditor's Name	Last 4 digits of account number	\$4,001.00
	PO Box 3700 Merrifield, VA 22119	When was the debt incurred?	
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	■ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	□Yes	■ Other Specify Credit Card Purchases	
	**	— Guidi. Opcony	

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Deb	or 2 Kristen M. Wells	Case number (if know)			
4.1			40.000.00		
4	Navy Federal Credit Union	Last 4 digits of account number	\$6,293.00		
	Nonpriority Creditor's Name PO Box 3700	When was the debt incurred?			
	Merrifield, VA 22119				
	Number Street City State Zlp Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply			
	Debtor 1 only				
	<u> </u>	Contingent			
	Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	☐ Disputed			
	$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:			
	☐ Check if this claim is for a community	Student loans			
	debt Is the claim subject to offset?	Dobligations arising out of a separation agreement or divorce that you did not report as priority claims			
	No	Debts to pension or profit-sharing plans, and other similar debts			
	Yes	■ Other. Specify Credit Card Purchases			
4.1	Northpointe Physician Services		\$219.00		
5	Nonpriority Creditor's Name	Last 4 digits of account number	φ2 19.00		
	5606 East Rockton Road	When was the debt incurred?			
	Roscoe, IL 61073  Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply			
	Who incurred the debt? Check one.	As of the date you file, the claim is. Check all that apply			
	Debtor 1 only	Пол			
	Debtor 2 only	☐ Contingent			
	<u> </u>	☐ Unliquidated			
	■ Debtor 1 and Debtor 2 only	☐ Disputed  Type of NONPRIORITY unsecured claim:			
	At least one of the debtors and another	Student loans			
	☐ Check if this claim is for a community debt	_			
	Is the claim subject to offset?	Dobligations arising out of a separation agreement or divorce that you did not report as priority claims			
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts			
	☐ Yes	■ Other Specify Medical Bills			
4.1 6	OSF St. Anthony Med Center	Last 4 digits of account number	\$613.00		
	Nonpriority Creditor's Name  Attn: Bankruptcy Dept.	When was the debt incurred?			
	5510 East State St.				
	Rockford, IL 61108-2381  Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply			
	Who incurred the debt? Check one.	As of the date you file, the claim is. Offect all that apply			
	☐ Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	■ Debtor 1 and Debtor 2 only				
	<u> </u>	☐ Disputed  Type of NONPRIORITY unsecured claim:			
	At least one of the debtors and another	Student loans			
	☐ Check if this claim is for a community debt	☐ Obligations arising out of a separation agreement or divorce that you did not			
	Is the claim subject to offset?	report as priority claims			
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts			
	Yes	■ Other. Specify Medical Bills			

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	or 1 Troy N. Wells or 2 Kristen M. Wells	Case number (if know)	
4.1 7	RS Clark & Associates	Last 4 digits of account number	\$673.00
	Nonpriority Creditor's Name 12990 Pandora #150 Dallas, TX 75238	When was the debt incurred?	
	Number Street City State Zlp Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	Пъ	
	<u> </u>	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed  Type of NONPRIORITY unsecured claim:	
	☐ At least one of the debtors and another	Student loans	
	☐ Check if this claim is for a community debt  Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	□ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Collecting for Creditor	
4.1	Sprint	Last 4 digits of account number	\$130.00
<u> </u>	Nonpriority Creditor's Name KSOPHT0101-Z4300 6391 Sprint Parkway	When was the debt incurred?	,
	Overland Park, KS 66251  Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	lacksquare At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	Student loans	
	debt Is the claim subject to offset? —	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Utilities	
4.1 9	Stoneberry	Last 4 digits of account number	\$332.51
	Nonpriority Creditor's Name PO Box 2820 Monroe, WI 53566	When was the debt incurred?	
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	■ Debtor 1 and Debtor 2 only	☐ Disputed	
	$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community debt	Student loans	
	Is the claim subject to offset?	Dobligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Credit Extension	

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Debtor 2 Kristen M. Wells Case number (if know) 4.2 Swedish American Health System \$379.00 Last 4 digits of account number 0 Nonpriority Creditor's Name Attn: Bankruptcy Dept. When was the debt incurred? 1401 East State Street Rockford, IL 61104 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ■ Debtor 1 and Debtor 2 only □ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Medical Bills ☐ Yes 4.2 **Verizon Wireless** \$490.00 Last 4 digits of account number Nonpriority Creditor's Name Attn: Bankruptcy Dept. When was the debt incurred? PO Box 26055 Minneapolis, MN 55426 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Utilities Part 3: List Others to Be Notified About a Debt That You Already Listed 5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page. On which entry in Part 1 or Part 2 did you list the original creditor? Name and Address Americollect, Inc. Line 4.20 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims PO Box 1566 Part 2: Creditors with Nonpriority Unsecured Claims Manitowoc, WI 54221 Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Name and Address ARS National Services Inc. Line 4.4 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims PO Box 469046 Part 2: Creditors with Nonpriority Unsecured Claims Escondido, CA 92046-9046 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Associated Collectors Inc. Line 4.15 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 113 W Milwaukee Street Part 2: Creditors with Nonpriority Unsecured Claims PO Box 816 Janesville, WI 53545 Last 4 digits of account number

Debtor 1 Troy N. Wells

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Debtor 1 Troy N. Wells Debtor 2 Kristen M. Wells	3.5	Case number (if know)			
Name and Address Associated Collectors Inc. 113 W Milwaukee Street PO Box 816 Janesville, WI 53545		ou list the original creditor?  ☐ Part 1: Creditors with Priority Unsecured Claims  ☐ Part 2: Creditors with Nonpriority Unsecured Claims			
	Last 4 digits of account number				
Name and Address Creditors Protection Service Attn: Bankruptcy Dept. PO Box 4115 Rockford, IL 61101		ou list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims			
Name and Address  Diversified Consultants  Attn: Bankruptcy Dept.  PO Box 551268  Jacksonville, FL 32255		ou list the original creditor?  ☐ Part 1: Creditors with Priority Unsecured Claims  ☐ Part 2: Creditors with Nonpriority Unsecured Claims			
Name and Address Enhanced Recovery Company Attn: Bankruptcy Dept. PO Box 57547 Jacksonville, FL 32241		ou list the original creditor?  ☐ Part 1: Creditors with Priority Unsecured Claims  ☐ Part 2: Creditors with Nonpriority Unsecured Claims			
	Last 4 digits of account number				
Name and Address Equifax PO Box 740256 Atlanta, GA 30374		ou list the original creditor?  ☐ Part 1: Creditors with Priority Unsecured Claims  ☐ Part 2: Creditors with Nonpriority Unsecured Claims			
	Last 4 digits of account number				
Name and Address  Exchange Service - Collection PO Box 740813  Cincinnati, OH 45274		ou list the original creditor?  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims			
	Last 4 digits of account number				
Name and Address Experian PO Box 4500 Allen, TX 75013		ou list the original creditor?  ☐ Part 1: Creditors with Priority Unsecured Claims  ☐ Part 2: Creditors with Nonpriority Unsecured Claims			
	Last 4 digits of account number				
Name and Address Jefferson Capital Systems Attn: Bankruptcy Dept. 16 Mcleland Rd Saint Cloud, MN 56303		ou list the original creditor?  ☐ Part 1: Creditors with Priority Unsecured Claims  ☐ Part 2: Creditors with Nonpriority Unsecured Claims			
Name and Address	On which entry in Part 1 or Part 2 did yo	ou list the original creditor?			
Jefferson Capital Systems Attn: Bankruptcy Dept. 16 Mcleland Rd Saint Cloud, MN 56303		□ Part 1: Creditors with Priority Unsecured Claims ■ Part 2: Creditors with Nonpriority Unsecured Claims			
Came Gloud, Init Good	Last 4 digits of account number				
Name and Address Merchants Credit Guide Attn: Bankruptcy Dept. 223 W Jackson Street, Suite 900 Chicago, IL 60606		ou list the original creditor?  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims			
Name and Address		au list the original creditor?			
Northland Group Inc.	On which entry in Part 1 or Part 2 did you Line <b>4.3</b> of ( <i>Check one</i> ):	□ Part 1: Creditors with Priority Unsecured Claims			

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Debtor 1 Troy N. Wells Debtor 2 Kristen M. Wells	_	Case number (if know)			
Attn: Bankruptcy Dept. PO Box 390905		Part 2: Creditors with Nonpriority Unsecured Claims			
Minneapolis, MN 55439	Last 4 digits of account number				
Name and Address	On which entry in Part 1 or Part 2 d	id you list the original creditor?			
Professional Recovery Consultants	Line <b>4.19</b> of ( <i>Check one</i> ):	☐ Part 1: Creditors with Priority Unsecured Claims			
2700 Meridian Parkway, Suite 200 Durham, NC 27713		Part 2: Creditors with Nonpriority Unsecured Claims			
Durnam, NC 27713	Last 4 digits of account number				
Name and Address	On which entry in Part 1 or Part 2 did you list the original creditor?				
Receivables Performance	Line 4.7 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims			
20816 44th Ave. West		■ Part 2: Creditors with Nonpriority Unsecured Claims			
Lynnwood, WA 98036	Last 4 digits of account number				
Name and Address	On which entry in Part 1 or Part 2 d	id you list the original creditor?			
Rockford Mercantile Agency	Line 4.16 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims			
Attn: Bankruptcy Dept. 2502 S Alpine Rd		Part 2: Creditors with Nonpriority Unsecured Claims			
Rockford, IL 61108	Last 4 digits of account number				
Name and Address	On which entry in Part 1 or Part 2 d	lid you list the original creditor?			
TransUnion	Line 4.2 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims			
555 West Adams Street Chicago, IL 60661		■ Part 2: Creditors with Nonpriority Unsecured Claims			
Cilicago, in occor	Last 4 digits of account number				

### Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

					Total Claim
	6a.	Domestic support obligations	6a.	\$	0.00
Total					
claims from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$	0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	<u> </u>	0.00
	ou.	Carlott Add all other priority discourse stating. While that amount here.	ou.	Ψ	0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$	0.00
					Total Claim
	6f.	Student loans	6f.	\$	0.00
Total claims					
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$	0.00
	6h.	, , ,	6h.	\$	0.00
	6i.	<b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	33,245.52
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$	33,245.52

Fill in this infor	mation to identify your	case:		
Debtor 1	Troy N. Wells			
	First Name	Middle Name	Last Name	
Debtor 2	Kristen M. Wells			
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Bankruptcy Court for the:		NORTHERN DISTRICT	OF ILLINOIS	
Case number				
(if known)				☐ Check if the
				amended

## Official Form 106G

## **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	company with	whom you have the r, Street, City, State and ZIP (	contract or lease	State what the contract or lease is for
2.1					
	Name				_
	Number	Street			
	City		State	ZIP Code	_
2.2					
	Name				_
	Number	Street			_
	City		State	ZIP Code	<del>-</del>
2.3					
	Name				_
	Number	Street			_
	City		State	ZIP Code	<del>_</del>
2.4					
	Name				_
	Number	Street			_
	City		State	ZIP Code	
2.5					
	Name				
	Number	Street			_
	City		State	ZIP Code	_

		Document	Page 29 c	<u>)† 54                                    </u>	
Fill in thi	information to identify you				
Debtor 1	Troy N. Wells				
	First Name	Middle Name	Last Name		
Debtor 2	Kristen M. Wells	Middle Name	Lost Nama		
(Spouse if, fi	ing) First Name	Middle Name	Last Name		
United St	ates Bankruptcy Court for the:	NORTHERN DISTRICT OF	ILLINOIS		
Case nun	ber				
(if known)				☐ Check if this is an	
				amended filing	
<b>○</b> tt: ~: ~	L Corres 40CLL				
	I Form 106H				
Sche	dule H: Your Cod	debtors		12/1	15
ill it out, a vour name  1. Do  No  Yes  2. Wi  Arizo	and number the entries in the and case number (if known you have any codebtors? (if section is a section in the last 8 years, have you ha, California, Idaho, Louisiana is Go to line 3.	e boxes on the left. Attach then). Answer every question.  If you are filing a joint case, do n	e Additional Page to not list either spouse erty state or territor o Rico, Texas, Washi	ry? (Community property states and territories include	
	■ Yes.				
	In which community sta	te or territory did you live?	-NONE-	. Fill in the name and current address of that perso	n.
	Name of your spouse, former s Number, Street, City, State & Z	pouse, or legal equivalent ip Code			
in lin Form	e 2 again as a codebtor only	if that person is a guarantor al Form 106E/F), or Schedule	or cosigner. Make	r if your spouse is filing with you. List the person sh sure you have listed the creditor on Schedule D (Off 06G). Use Schedule D, Schedule E/F, or Schedule G (Column 2: The creditor to whom you owe the decouple of the schedule of the school of the schoo	ficial to fill
	Name, Number, Street, City, State and a	zir code		Check all schedules that apply:	
3.1				Schedule D, line	
	Name			Schedule E/F, line	
				☐ Schedule G, line	
	Number Street			_	
	City	State	ZIP Code		
3.2				Schedule D, line	
	Name			☐ Schedule E/F, line	
				☐ Schedule G, line	
	Number Street			_	
	City	State	ZIP Code		

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Fill in this informa	ition to identify your case:	
Debtor 1	Troy N. Wells	
Debtor 2 (Spouse, if filing)	Kristen M. Wells	
United States Bar	nkruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS	
Case number (If known)		Check if this is:  An amended filing A supplement showing postpetition chapter
Official Fo		13 income as of the following date:  MM / DD/ YYYY
SCHAdulla	I. Vour Income	42/

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pa	Describe Employment			
1.	Fill in your employment information.		Debtor 1	Debtor 2 or non-filing spouse
a	If you have more than one job,	F	■ Employed	☐ Employed
	attach a separate page with information about additional	Employment status	☐ Not employed	■ Not employed
	employers.	Occupation	Technology Specialist	
	Include part-time, seasonal, or self-employed work.	Employer's name	Rockford Public Schools	
	Occupation may include student or homemaker, if it applies.	Employer's address	501 7th St. Rockford, IL 61104	
		How long employed the	here? 3 months	

**Give Details About Monthly Income** 

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 1 For Debtor 2 or non-filing spouse List monthly gross wages, salary, and commissions (before all payroll 0.00 2.674.19 deductions). If not paid monthly, calculate what the monthly wage would be. Estimate and list monthly overtime pay. 3. +\$ 0.00 0.00 Calculate gross Income. Add line 2 + line 3. 2,674.19 \$ 0.00

Official Form 106I Schedule I: Your Income page 1

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Troy N. Wells Debtor 1 Debtor 2 Kristen M. Wells Case number (if known) For Debtor 1 For Debtor 2 or non-filing spouse Copy line 4 here 2.674.19 0.00 List all payroll deductions: 5a. Tax, Medicare, and Social Security deductions 5a. 453.03 0.00 5b. Mandatory contributions for retirement plans 5b. \$ 0.00 0.00 5c. Voluntary contributions for retirement plans 5c. \$ 0.00 0.00 Required repayments of retirement fund loans 5d. 5d. 0.00 0.00 5e. Insurance 5e. 0.00 0.00 5f. Domestic support obligations 5f. 0.00 0.00 5g. **Union dues** 5g. \$ 0.00 0.00 Other deductions. Specify: Life Insurance 5h.+ 30.12 0.00 6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. \$ 483.15 0.00 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 2,191.04 0.00 8 List all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 0.00 0.00 8a. \$ 8b. Interest and dividends 8b. \$ 0.00 0.00 Family support payments that you, a non-filing spouse, or a dependent 8c. regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. 0.00 0.00 8d. **Unemployment compensation** 8d. 0.00 0.00 8e. **Social Security** 8e. 0.00 0.00 Other government assistance that you regularly receive 8f. Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. 8f. Specify: Food Assistance 0.00 329.00 8g. 8g. Pension or retirement income \$ 0.00 \$ 0.00 8h. Other monthly income. Specify: Military Disability 8h.+ \$ 1,230.00 \$ 0.00 Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9 329.00 1,230.00 10. Calculate monthly income. Add line 7 + line 9. 10. \$ \$ 329.00 \$ 3,750.04 3,421.04 Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it 3,750.04 12. \$ applies Combined monthly income Do you expect an increase or decrease within the year after you file this form? No. Yes. Explain: Debtor is starting new job on April 18, 2017, with Stenstrom Co. Ltd. (\$18/hour).

Official Form 106I Schedule I: Your Income page 2

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						_			
Fill in thi	is informati	on to identify yo	our case:						
Debtor 1	Debtor 1 Troy N. Wells					Check if this is:			
Debtor 2 Kristen M. Wells							An amended filing	wing postpetition chapter	
(Spouse,	_	KIISICII W. W	CIIS				13 expenses as of		
United St	ates Bankru	ptcy Court for the	: NORTH	IERN DISTRICT OF ILLIN	OIS		MM / DD / YYYY		
Case nur (If known									
Offic	ial For	m 106J							
Sche	edule	J: Your	Exper	ises				12/15	
Be as c	omplete aution. If mo	nd accurate as	possible.	. If two married people ar ich another sheet to this					
Part 1:		be Your House	hold						
	this a joint No. Go to l								
_			in a separ	ate household?					
	■ No								
			st file Offici	al Form 106J-2, Expenses	s for Separate House	ehold of Del	btor 2.		
2. <b>Do</b>	vou have	dependents?	□ No						
Do	not list Del btor 2.	•	Yes.	Fill out this information for each dependent	Dependent's relat Debtor 1 or Debto		Dependent's age	Does dependent live with you?	
Do	not state tl	he						□ No	
dep	pendents n	ames.			Daughter		4	Yes	
					Daughter		6	□ No ■ Yes	
								■ res	
								☐ Yes	
								□ No	
3. <b>Do</b>	vour expe	enses include	_	NI.				☐ Yes	
ex	penses of	people other to your depende	han $_{oldsymbol{\sqcap}}$	No Yes					
expense	e your exp	te Your Ongoi benses as of yo date after the I	our bankrı	ly Expenses uptcy filing date unless y y is filed. If this is a supp	ou are using this followed the second	orm as a s e J, check t	upplement in a Cha the box at the top o	apter 13 case to report f the form and fill in the	
the valu		assistance an		government assistance i cluded it on <i>Schedule I:</i> \			Your exp	enses	
		home owners		ses for your residence. I	nclude first mortgag	e 4.	\$	650.00	
lf n	ot include	ed in line 4:							
4a.	Real es	state taxes				4a.	\$	0.00	
4b.		y, homeowner's	s, or renter	's insurance		4a. 4b.	·	0.00	
4c.	Home r	naintenance, re	pair, and ι	upkeep expenses		4c.	\$	50.00	
4d. 5. <b>Ad</b>		wner's associat			mo oquity loose	4d. 5.		0.00	
J. AU	unional III	origage payille	ziilo iui yo	<b>our residence,</b> such as ho	me equity loans	ວ.	Ψ	0.00	

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Debtor 1 Debtor 2	Troy N. Wells Kristen M. Wells		Case number (if known)		
6. <b>Util</b> i	ities:				
6a.	Electricity,	heat, natural gas	6a.	\$	200.00
6b.	Water, sev	ver, garbage collection	6b.	\$	35.00
6c.	Telephone	e, cell phone, Internet, satellite, and cable services	6c.	\$	145.00
6d.	Other. Spe	ecify:	6d.	\$	0.00
Foo	d and house	ekeeping supplies	7.	\$	850.00
Chi	ldcare and c	hildren's education costs	8.	\$	50.00
Clo	thing, laundi	ry, and dry cleaning	9.	\$	200.00
	-	roducts and services	10.	\$	225.00
. Med	dical and der	ntal expenses	11.	\$	100.00
		Include gas, maintenance, bus or train fare.		•	
	not include ca		12.	\$	450.00
3. Ente	ertainment, d	clubs, recreation, newspapers, magazines, and books	13.	\$	125.00
. Cha	ritable conti	ributions and religious donations	14.	\$	0.00
	ırance.				
		surance deducted from your pay or included in lines 4 or 2			
	. Life insura		15a.	•	0.00
15b	. Health insu	urance	15b.	\$	0.00
15c.	. Vehicle ins	surance	15c.	\$	82.00
15d	. Other insu	rance. Specify:	15d.	\$	0.00
6. <b>Tax</b>	es. Do not in	clude taxes deducted from your pay or included in lines 4			
	cify:		16.	\$	0.00
		ease payments:		•	
		ents for Vehicle 1	17a.	·	240.00
	, ,	ents for Vehicle 2	17b.	·	0.00
		ecify: Storage Unit	17c.	\$	75.00
	. Other. Spe		17d.	\$	0.00
		of alimony, maintenance, and support that you did no		¢.	0.00
		your pay on line 5, Schedule I, Your Income (Official F		\$	
		s you make to support others who do not live with you		\$	0.00
	cify:	anticonnance and included in lines 4 on 5 of this form	19.		
		erty expenses not included in lines 4 or 5 of this form on other property	or on <i>Scriedule I: 10</i> 20a.		0.00
		· · ·	20a. 20b.		
	. Real estate			·	0.00
		nomeowner's, or renter's insurance	20c.		0.00
		ce, repair, and upkeep expenses	20d.	·	0.00
		er's association or condominium dues	20e.	· <u> </u>	0.00
. Oth	er: Specify:	Birthdays/Holidays/Haircuts	21.	_+\$	175.00
. Cal	culate vour r	monthly expenses			
	. Add lines 4	•		\$	3,652.00
		2 (monthly expenses for Debtor 2), if any, from Official For	m 106.I-2	\$	
		a and 22b. The result is your monthly expenses.	1000 2	\$	2.052.00
220.	. Aud IIIle 22a	a and 22b. The result is your monthly expenses.		Φ	3,652.00
. Cal	culate your r	monthly net income.			
23a	. Copy line	12 (your combined monthly income) from Schedule I.	23a.	\$	3,750.04
23b	. Copy your	monthly expenses from line 22c above.	23b.	-\$	3,652.00
23c.		our monthly expenses from your monthly income. is your <i>monthly net income</i> .	23c.	\$	98.04
l. Do		an increase or decrease in your expenses within the y	ear after you file this	form?	
For e	example, do yo ification to the	u expect to finish paying for your car loan within the year or do yo terms of your mortgage?			e or decrease because of a
<b>■</b> 1	No.				
	/es	Explain here:			

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						1	
Fill in this infor	mation to identify your	case:					
Debtor 1	Troy N. Wells	Million N					
Dobtor 2	First Name	Middle Name	Las	t Name			
Debtor 2 (Spouse if, filing)	Kristen M. Wells First Name	Middle Name	Las	t Name			
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINO	IS			
Case number							
(if known)						☐ Check if this is	an
						amended filing	
Official For	m 106Dec						
		امييامانيناميرا	Dabt	1	Cabadulaa		
Declara	tion About a	ın Individual	Dept	or s	Schedules		12/15
Sig	ın Below						
Olg							
Did you pa	ay or agree to pay some	one who is NOT an attorn	ey to help	you fil	Il out bankruptcy forms?		
■ No							
☐ Yes.	Name of person					nkruptcy Petition Preparer's	
					Declaration	n, and Signature (Official Fo	orm 119)
	alty of perjury, I declare re true and correct.	that I have read the sumn	nary and s	chedul	les filed with this declarat	ion and	
X /s/ Tro	y N. Wells		х	/s/ Kr	risten M. Wells		
Troy N	N. Wells			Krist	en M. Wells		
Signatu	re of Debtor 1			Signa	ture of Debtor 2		
Date	April 18, 2017			Date	April 18, 2017		

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Fill in this infor	mation to identify you	case:				
Debtor 1	Troy N. Wells First Name	Middle News	Leat Name			
Debtor 2	Kristen M. Wells	Middle Name	Last Name			
(Spouse if, filing)	First Name	Middle Name	Last Name			
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT C	OF ILLINOIS			
Case number						
(if known)					☐ Check if this is an	
				a	mended filing	
Official Fo	vrm 107					
-		Affairs for Individ	duals Filing for B	ankruptcy	4/16	
				equally responsible for sup		
	nore space is needed, (n). Answer every ques		this form. On the top of an	y additional pages, write you	ir name and case	
	, , , , , ,	rital Status and Where You	Lived Refere			
			Lived Belore			
1. What is you	ır current marital statu	s?				
■ Married	d					
☐ Not ma	arried					
2. During the	last 3 years, have you	lived anywhere other than v	where you live now?			
□ No						
Yes. Li	st all of the places you	ived in the last 3 years. Do no	ot include where you live nov	I.		
Debtor 1 Prior Address:		Dates Debtor 1 lived there	Debtor 2 Prior Address:		Dates Debtor 2 lived there	
52436 Iroquois Ct. Fort Hood, TX 76544		From-To: <b>7/2014 - 5/2016</b>	Same as Debtor	1	Same as Debtor 1 From-To:	
States and territo.  ☐ No ☐ Yes. M	<i>rie</i> s include Arizona, Ca	lifornia, Idaho, Louisiana, Nev	vada, New Mexico, Puerto R	ity property state or territory ico, Texas, Washington and W		
Fill in the tot	al amount of income yo	nployment or from operating u received from all jobs and a have income that you receive	all businesses, including part		ndar years?	
□ No						
Yes. Fi	II in the details.					
		Debtor 1		Debtor 2		
		Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	
the date you filed for hankfuntcy.		■ Wages, commissions, bonuses, tips	\$7,405.44	☐ Wages, commissions, bonuses, tips	\$0.00	
		☐ Operating a business		☐ Operating a business		
Official Form 107 Statement of Financial Affairs for Individuals		airs for Individuals Filing for B	ankruptcy	page 1		

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Troy N. Wells Debtor 1 Kristen M. Wells Debtor 2 Case number (if known) Debtor 1 Debtor 2 Sources of income **Gross income** Sources of income **Gross income** Check all that apply. (before deductions and Check all that apply. (before deductions exclusions) and exclusions) For last calendar year: \$10,154.00 \$0.00 ☐ Wages, commissions, Wages, commissions, (January 1 to December 31, 2016) bonuses, tips bonuses, tips ☐ Operating a business ☐ Operating a business For the calendar year before that: \$25,401.00 \$18,942.00 ■ Wages, commissions. Wages, commissions, (January 1 to December 31, 2015) bonuses, tips bonuses, tips ☐ Operating a business ☐ Operating a business Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. No Yes. Fill in the details. Debtor 1 Debtor 2 Sources of income **Gross income from** Sources of income **Gross income** each source Describe below. (before deductions Describe below. (before deductions and and exclusions) exclusions) From January 1 of current year until \$0.00 SNAP/LINK/Food \$1,316.00 the date you filed for bankruptcy: **Stamps** For last calendar year: Unemployment \$21,593.00 (January 1 to December 31, 2016) SNAP/LINK/Food \$0.00 \$3,948.00 **Stamps** For the calendar year before that: \$0.00 SNAP/LINK/Food \$3,948.00 (January 1 to December 31, 2015) **Stamps** Part 3: List Certain Payments You Made Before You Filed for Bankruptcy Are either Debtor 1's or Debtor 2's debts primarily consumer debts? Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425\* or more?  $\square$  No. Go to line 7. □ Yes List below each creditor to whom you paid a total of \$6,425\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. \* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? □ No. Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

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Page 37 of 54 Document Debtor 1 Troy N. Wells Kristen M. Wells Debtor 2 Case number (if known) **Creditor's Name and Address Dates of payment Total amount** Amount you Was this payment for ... still owe paid \$720.00 \$5,606.00 **Navy Federal Credit Union** 2/2017 - 4/2017 ☐ Mortgage PO Box 3700 Car Merrifield, VA 22119 ☐ Credit Card ☐ Loan Repayment ☐ Suppliers or vendors □ Other Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. Nο Yes. List all payments to an insider. **Insider's Name and Address** Dates of payment **Total amount** Amount you Reason for this payment still owe paid Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. Yes. List all payments to an insider **Insider's Name and Address** Amount you Reason for this payment Dates of payment Total amount paid still owe Include creditor's name Part 4: Identify Legal Actions, Repossessions, and Foreclosures Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. Nο П Yes. Fill in the details. Case title Nature of the case Status of the case Court or agency Case number Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. П No. Go to line 11. Yes. Fill in the information below. **Creditor Name and Address Describe the Property** Date Value of the property Explain what happened

2015 Harley Davidson Sportster 883

☐ Property was attached, seized or levied.

Property was repossessed.

□ Property was foreclosed.□ Property was garnished.

**Harley Davidson Credit** 

Attn: Bankruptcy Dept. 3850 Arrowhead Dr.

Minneapolis, MN 55438

\$7,000.00

3/2017

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	otor 1 otor 2	Troy N. Wells Kristen M. Wells		Case num	ber (if known)	
11.	accol	n 90 days before you filed for bank unts or refuse to make a payment b No Yes. Fill in the details.		did any creditor, including a bank or financia you owed a debt?	l institution, set off any a	mounts from your
	Cred	itor Name and Address	Des	scribe the action the creditor took	Date action was taken	Amount
12.	court	-appointed receiver, a custodian, c No		as any of your property in the possession of er official?	an assignee for the bene	fit of creditors, a
		∕es				
Par	t 5:	List Certain Gifts and Contribution	าร			
13.	■ N □ N	n 2 years before you filed for bank No Yes. Fill in the details for each gift. with a total value of more than \$6 person		lid you give any gifts with a total value of mo  Describe the gifts	Dates you gave	Value
		on to Whom You Gave the Gift and	I		<b>3</b>	
14.		n 2 years before you filed for bank No Yes. Fill in the details for each gift or o		lid you give any gifts or contributions with a on.	total value of more than	\$600 to any charity?
	more Char	or contributions to charities that than \$600 ity's Name 'ess (Number, Street, City, State and ZIP Coc		Describe what you contributed	Dates you contributed	Value
Par	t 6:	List Certain Losses				
15.		n 1 year before you filed for bankru mbling?	ıptcy or	since you filed for bankruptcy, did you lose a	anything because of thef	t, fire, other disaster,
	_	No Yes. Fill in the details.				
	Desc	cribe the property you lost and	Descri	be any insurance coverage for the loss	Date of your	Value of property
	how	the loss occurred		the amount that insurance has paid. List pendir not claims on line 33 of Schedule A/B: Property.	loss	lost
Par	t 7:	List Certain Payments or Transfer	s			
16.	consu	ulted about seeking bankruptcy or	preparir	d you or anyone else acting on your behalf p ng a bankruptcy petition? s, or credit counseling agencies for services requ		rty to anyone you
	□ N	No				
		es. Fill in the details.				
	Addr Ema	on Who Was Paid ress il or website address on Who Made the Payment, if Not '	You	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
	2222	nger Law Firm 2 E State St, Suite 107 kford, IL 61104		\$600.00	4/2017	\$600.00

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Debtor 1 Troy N. Wells
Debtor 2 Kristen M. Wells

Case number (if known)

	Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	Description and v transferred	alue of any prop	erty	Date payment or transfer was made	Amount of payment
	001DebtorCC 378 Summit Ave. Jersey City, NJ 07306 www.debtorcc.org	\$14.95			4/13/2017	\$14.95
17.	Within 1 year before you filed for bankruptcy, or promised to help you deal with your creditors. Do not include any payment or transfer that you like the No	or to make payments			r transfer any prope	rty to anyone who
	Yes. Fill in the details.					
	Person Who Was Paid Address	Description and v transferred	alue of any prop	erty	Date payment or transfer was made	Amount of payment
18	Within 2 years before you filed for bankruptcy,	did you sell trade o	r otherwise trans	sfer any nron	erty to anyone othe	r than property
10.	transferred in the ordinary course of your busi Include both outright transfers and transfers made include gifts and transfers that you have already li	iness or financial affa e as security (such as t	t <b>irs?</b> he granting of a se			
	Yes. Fill in the details.					_
	Person Who Received Transfer Address	Description and v property transferr			any property or received or debts change	Date transfer was made
	Person's relationship to you					
19.	Within 10 years before you filed for bankruptcy beneficiary? (These are often called asset-protection No		y property to a s	elf-settled tru	st or similar device	of which you are a
	☐ Yes. Fill in the details.					
	Name of trust	Description and v	alue of the prope	erty transferro	ed	Date Transfer was made
Par	t 8: List of Certain Financial Accounts, Instru	uments, Safe Deposit	Boxes, and Stor	age Units		
20.	Within 1 year before you filed for bankruptcy, v sold, moved, or transferred?	were any financial ac	counts or instrur	ments held in	your name, or for y	our benefit, closed,
	Include checking, savings, money market, or chouses, pension funds, cooperatives, associated No				ares in banks, credi	t unions, brokerage
	Yes. Fill in the details.					
		ast 4 digits of ccount number	Type of accountinstrument	clo mo	te account was sed, sold, ved, or nsferred	Last balance before closing or transfer
21.	Do you now have, or did you have within 1 year cash, or other valuables?	r before you filed for	bankruptcy, any	safe deposit	box or other depos	itory for securities,
	■ No □ Yes. Fill in the details.					
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had acc Address (Number, State and ZIP Code)		Describe the o	contents	Do you still have it?

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Debtor 1 Troy N. Wells
Debtor 2 Kristen M. Wells

Case number (if known)

22.	Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?							
	□ No							
	Yes. Fill in the details.							
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?				
	Prairie Hill Self Storage 4067 Prairie Hill Rd. South Beloit, IL 61080		Chairs, table, boxes of misc. household items	□ No ■ Yes				
Par	9: Identify Property You Hold or Control for	r Someone Else						
23.	Do you hold or control any property that some for someone.	eone else owns? Include any prope	rty you borrowed from, are storing fo	r, or hold in trust				
	■ No □ Yes. Fill in the details.							
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value				
Par	10: Give Details About Environmental Inform	nation						
For	he purpose of Part 10, the following definitions	s apply:						
	Environmental law means any federal, state, o toxic substances, wastes, or material into the regulations controlling the cleanup of these su	air, land, soil, surface water, groun	- ·					
	Site means any location, facility, or property as to own, operate, or utilize it, including disposa	-	law, whether you now own, operate,	or utilize it or used				
Rep	ort all notices, releases, and proceedings that y	you know about, regardless of whe	n they occurred.					
24.	Has any governmental unit notified you that yo	ou may be liable or potentially liable	e under or in violation of an environm	ental law?				
	■ No □ Yes. Fill in the details.							
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State an ZIP Code)	Environmental law, if you know it	Date of notice				
25.	Have you notified any governmental unit of an	y release of hazardous material?						
	■ No □ Yes. Fill in the details.							
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State an ZIP Code)	Environmental law, if you know it	Date of notice				
26.	Have you been a party in any judicial or admin	istrative proceeding under any env	ironmental law? Include settlements	and orders.				
	■ No							
	Yes. Fill in the details.							
	Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case				
		•						

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	otor 1 otor 2	Troy N. Wells Kristen M. Wells		С	ase number (if known)		
Pai	rt 11:	Give Details About Your Business or	r Connections to	Any Business			
27.	With	in 4 years before you filed for bankrup	otcy, did you own	a business or have any o	of the following connections to any business?		
		☐ A sole proprietor or self-employed	•	•	·		
		☐ A member of a limited liability com	-	_			
		_	party (LLC) or fill	inted hability partifership (	(LLI)		
	☐ A partner in a partnership						
		An officer, director, or managing e	xecutive of a corp	poration			
		☐ An owner of at least 5% of the votil	ng or equity secu	rities of a corporation			
		No. None of the above applies. Go to	Part 12.				
		Yes. Check all that apply above and fi	II in the details be	elow for each business.			
		siness Name		ature of the business	Employer Identification number		
		ddress lumber, Street, City, State and ZIP Code)	Name of accoun	Name of accountant or bookkeeper	Do not include Social Security number or ITIN.		
	(Itali	isor, otroct, only, otate and in ocac,	Name of accou	intant or bookkeeper	Dates business existed		
28.		Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.					
		No Yes. Fill in the details below.					
		ne iress iber, Street, City, State and ZIP Code)	Date Issued				
Da		Sign Below					
I ha	ve rea true a n a ba	ad the answers on this Statement of Fi	a false statement,	concealing property, or	I declare under penalty of perjury that the answers obtaining money or property by fraud in connection ears, or both.		
/s/	Troy	N. Wells	/s/ Kri	sten M. Wells			
		Wells		en M. Wells			
Sig	natur	e of Debtor 1	Signat	ure of Debtor 2			
Dat	te A	pril 18, 2017	Date	April 18, 2017			
Did	you a	attach additional pages to Your Statem	ent of Financial A	Affairs for Individuals Fili	ng for Bankruptcy (Official Form 107)?		
	•	. 5			, , , ,		
	'es						
Did	you p	pay or agree to pay someone who is no	ot an attorney to h	nelp you fill out bankrupte	cy forms?		
	No.						

☐ Yes. Name of Person \_\_\_\_\_. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

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Fill in this infor	mation to identify your c	ase:		I
Debtor 1	Troy N. Wells			1
	First Name	Middle Name	Last Name	
Debtor 2	Kristen M. Wells			
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	NORTHERN DIS	TRICT OF ILLINOIS	
Case number				
(if known)				☐ Check if this is an amended filing
			viduals Filing Under Chapt	ter 7 12/15
creditors have	e claims secured by you	r property, or		
You must file th	ever is earlier, unless the	thin 30 days after	not expired.  Tyou file your bankruptcy petition or by the date some time for cause. You must also send copies to t	
	eople are filing together nd date the form.	in a joint case, be	oth are equally responsible for supplying correct	information. Both debtors must
	and accurate as possibl		s needed, attach a separate sheet to this form. Or	n the top of any additional pages,
Part 1: List Y	our Creditors Who Have	Socured Claims		
For any credi     information b	tors that you listed in Pa elow.	rt 1 of Schedule [	D: Creditors Who Have Claims Secured by Proper	·
identify the ci	reditor and the property th	at is collateral	What do you intend to do with the property the secures a debt?	at Did you claim the property as exempt on Schedule C?
Creditor's name:	Navy Federal Credit U	nion	<ul><li>☐ Surrender the property.</li><li>☐ Retain the property and redeem it.</li></ul>	□ No
Description of	f 2008 Saturn VUE 12	27.000 miles	Retain the property and enter into a	■ Yes
property securing debt		,	Reaffirmation Agreement.  Retain the property and [explain]:	
For any unexpir in the information	on below. Do not list real	se that you listed estate leases. U	I in Schedule G: Executory Contracts and Unexpinexpired leases are leases that are still in effect; the trustee does not assume it. 11 U.S.C. § 365(p	the lease period has not yet ended.
Describe your	unexpired personal prop	erty leases		Will the lease be assumed?
0000ml=				<b></b>
Lessor's name: Description of le	ased			□ No
Property:				☐ Yes
Lessor's name:				□ No
Description of le Property:	ased			☐ Yes
Lessor's name:				
Official Form 108	<b>.</b>	Statement of I	ntention for Individuals Filing Under Chapter 7	page 1

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Debtor 1 Debtor 2	Troy N. Wells Kristen M. Wells	Case number (if known)
Description Property:	on of leased	□ No
Lessor's r Description Property:	name: on of leased	□ No □ Yes
Lessor's r Description Property:	name: on of leased	□ No □ Yes
Lessor's r Description Property:	name: on of leased	□ No □ Yes
Property:	n of leased	□ No □ Yes
Under per property t	Sign Below  nalty of perjury, I declare that I have indicate hat is subject to an unexpired lease.  Troy N. Wells	I my intention about any property of my estate that secures a debt and any personal  X /s/ Kristen M. Wells
Tro	/ N. Wells ature of Debtor 1	Kristen M. Wells Signature of Debtor 2
Date	April 18, 2017	Date <b>April 18, 2017</b>

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7	<b>'</b> :	Liquidation
\$2	245	filing fee
9	S75	administrative fee
+ 9	\$15	trustee surcharge
\$3	335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

### Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

## Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure</a>.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankruptcy/BankruptcyResources/ApprovedCredit</a>
AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 17-80913 Doc 1 Filed 04/18/17 Entered 04/18/17 09:51:22 Desc Main Document Page 48 of 54

B2030 (Form 2030) (12/15)

## **United States Bankruptcy Court**Northern District of Illinois

In re	Troy N. Wells  Kristen M. Wells		Case No.	
11110	Kristen M. Wells	Debtor(s)	Chapter	7
	DISCLOSUDE OF COMBI	TAICATION OF ATTOD	NEV EOD DI	PDTOD(C)
	DISCLOSURE OF COMPI			. ,
	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 201 compensation paid to me within one year before the filbe rendered on behalf of the debtor(s) in contemplation	ling of the petition in bankruptcy,	or agreed to be paid	to me, for services rendered or to
	For legal services, I have agreed to accept		\$	600.00
	Prior to the filing of this statement I have received	d	\$	600.00
	Balance Due		\$	0.00
2.	The source of the compensation paid to me was:			
	■ Debtor □ Other (specify):			
3.	The source of compensation to be paid to me is:			
	$\blacksquare$ Debtor $\square$ Other (specify):			
4.	■ I have not agreed to share the above-disclosed com	npensation with any other person u	unless they are mem	pers and associates of my law firm.
	☐ I have agreed to share the above-disclosed competed copy of the agreement, together with a list of the name of	nsation with a person or persons warmes of the people sharing in the	ho are not members compensation is atta	or associates of my law firm. A ched.
5.	In return for the above-disclosed fee, I have agreed to	render legal service for all aspects	s of the bankruptcy c	ase, including:
	<ul> <li>a. Analysis of the debtor's financial situation, and ren</li> <li>b. Preparation and filing of any petition, schedules, st</li> <li>c. Representation of the debtor at the meeting of cred</li> <li>d. [Other provisions as needed]</li> <li>Negotiations with secured creditors to reaffirmation agreements and applicat 522(f)(2)(A) for avoidance of liens on h</li> </ul>	atement of affairs and plan which itors and confirmation hearing, an reduce to market value; exe ions as needed; preparation	may be required; d any adjourned hea mption planning;	rings thereof; preparation and filing of
6.	By agreement with the debtor(s), the above-disclosed to Representation of the debtors in any of any other adversary proceeding.			es, relief from stay actions or
		CERTIFICATION		
	I certify that the foregoing is a complete statement of a pankruptcy proceeding.	any agreement or arrangement for	payment to me for re	epresentation of the debtor(s) in
Δ	April 18, 2017	/s/ Daniel A. Sprin	iger	
$\overline{L}$	Date	Daniel A. Springe Signature of Attorney		
		Springer Law Firm		
		2222 E State St Suite 107		
		Rockford, IL 6110	4	
		815.312.4725	aail aam	
		dspringerlaw@gn Name of law firm	naii.com	

Desc Main

Springer Law Firm

2222 East State St. # A-104A, Rockford, IL

815.312.4275

### **CHAPTER 7 RETAINER AGREEMENT**

The undersigned agrees to hire Springer Law Firm to represent the undersigned in a Chapter 7 bankruptcy and agrees to the following terms and conditions:

- 1. The attorney fees for the Chapter 7 bankruptcy are \$600. This is a flat fee arrangement, and does not include the court costs, which are currently \$335. This is the total of your attorney fees, and Springer Law Firm will not charge you for additional work. However, if you refuse to cooperate, or fail to provide information as requested by our attorney, your case may be closed.
- 2. Fees paid to the firm become property of the firm upon payment. If before the case is filed, you decide to close out your case, Springer Law Firm will refund you any fees not earned. I assign to Springer Law Firm any amount paid towards court costs and filing fees. I authorize Springer Law Firm to transfer said funds to the firm's operating account if I decide not to file for bankruptcy, or if I breach this contract.
- 3. I agree to disclose all pertinent information to Springer Law Firm, so that the firm can properly disclose all my assets, debts, and financial history to the court. I agree to keep the firm informed on any new assets or debts I may incur from this date forward. If I do not provide the proper information, or do not cooperate with Springer Law Firm, said firm may withdraw from representation, with permission of the court.
- 4. I understand that I may not be able to protect all of my property. The bankruptcy code does not provide exemptions for everything, and as such, some of my property may be taken by the Trustee and sold.

  Additionally, if my income is too high, or if my income is not offset enough by my expenses, I understand that the Trustee may dismiss my case, or require me to file a Chapter 13 instead of a Chapter 7.
- 5. I understand that not all of my debts may be discharged in a Chapter 7 bankruptcy. Student loans, educational debts, undisclosed debt, support/maintenance, fines, debts incurred by fraud, future association/condo HOA dues, certain tax debts, or debts found non-dischargeable by a Judge are among the debts not dischargeable.
- 6. I understand that this retainer agreement is for bankruptcy representation only. Springer Law Firm will not represent me in any other case or legal matter, unless agreed to in a separate retainer agreement.
- 7. I understand that before I transfer or sell any property, or incur any new debt, I will first notify Springer Law Firm and consult on the impact such action will have on my bankruptcy.
- 8. I understand that I must take 2 classes pertaining to financial management and credit counselling. Failure to take these courses will result in either my case NOT being filed, or if filed, possibly dismissed. If my case is dismissed, I understand that I will have to pay to have my case re-opened by Springer Law Firm.
- 9. I have received the 11 U.S.C. § 527(a) disclosures and have read them.

Dated: 4/14/17

Signature:

Print Name:

Signature:

Print Name: 1119

Attorney Signature:

Attorney Print:

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### **United States Bankruptcy Court** Northern District of Illinois

In re	Troy N. Wells Kristen M. Wells		Case No.	
		Debtor(s)	Chapter	7
	VER	RIFICATION OF CREDITOR M	IATRIX	
		Number of	Creditors: _	33
	The above-named Debtor(s) h (our) knowledge.	nereby verifies that the list of credi	tors is true and	correct to the best of my
Date:	April 18, 2017	/s/ Troy N. Wells		
		Troy N. Wells Signature of Debtor		
Date:	April 18, 2017	/s/ Kristen M. Wells Kristen M. Wells Signature of Debtor		

Americollect, Inc. PO Box 1566 Manitowoc, WI 54221

ARS National Services Inc. PO Box 469046 Escondido, CA 92046-9046

Associated Collectors Inc. 113 W Milwaukee Street PO Box 816 Janesville, WI 53545

Beloit Health System Attn: Bankruptcy Dept. 1969 West Hart Road Beloit, WI 53511

Capital One Bank USA NA Attn: Bankruptcy Dept. PO Box 30281 Salt Lake City, UT 84130

Central Dupage Hospital 25 North Winfield Road Winfield, IL 60190

Centurylink 100 Centurylink Drive Monroe, LA 71203

Creditors Protection Service Attn: Bankruptcy Dept. PO Box 4115 Rockford, IL 61101

DirecTV Attn: Bankruptcy Dept. PO Box 6550 Englewood, CO 80155-6550

Diversified Consultants Attn: Bankruptcy Dept. PO Box 551268 Jacksonville, FL 32255 Enhanced Recovery Company Attn: Bankruptcy Dept. PO Box 57547 Jacksonville, FL 32241

Equifax PO Box 740256 Atlanta, GA 30374

Exchange Service - Collection PO Box 740813 Cincinnati, OH 45274

Experian PO Box 4500 Allen, TX 75013

Fingerhut/Webbank 6250 Ridgewood Rd Saint Cloud, MN 56303

Harley Davidson Credit Attn: Bankruptcy Dept. 3850 Arrowhead Dr. Minneapolis, MN 55438

Jefferson Capital Systems Attn: Bankruptcy Dept. 16 Mcleland Rd Saint Cloud, MN 56303

Merchants Credit Guide Attn: Bankruptcy Dept. 223 W Jackson Street, Suite 900 Chicago, IL 60606

Military Star 3911 Walston Walker Dallas, TX 75266

Montgomery Ward & Co., Inc. Attn: Bankruptcy Dept. 535 W. Chicago Ave Chicago, IL 60610 Navy Federal Credit Union PO Box 3700 Merrifield, VA 22119

Northland Group Inc. Attn: Bankruptcy Dept. PO Box 390905 Minneapolis, MN 55439

Northpointe Physician Services 5606 East Rockton Road Roscoe, IL 61073

OSF St. Anthony Med Center Attn: Bankruptcy Dept. 5510 East State St. Rockford, IL 61108-2381

Professional Recovery Consultants 2700 Meridian Parkway, Suite 200 Durham, NC 27713

Receivables Performance 20816 44th Ave. West Lynnwood, WA 98036

Rockford Mercantile Agency Attn: Bankruptcy Dept. 2502 S Alpine Rd Rockford, IL 61108

RS Clark & Associates 12990 Pandora #150 Dallas, TX 75238

Sprint KSOPHT0101-Z4300 6391 Sprint Parkway Overland Park, KS 66251

Stoneberry PO Box 2820 Monroe, WI 53566 Swedish American Health System Attn: Bankruptcy Dept. 1401 East State Street Rockford, IL 61104

TransUnion 555 West Adams Street Chicago, IL 60661

Verizon Wireless Attn: Bankruptcy Dept. PO Box 26055 Minneapolis, MN 55426